## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

1293,1935

| CLAIMS AS FILED - PART (Column 1)                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |               |                               | l<br>(Colur           | mn 2)            | SMALL EI       | OR                     | OTHER THAN OR SMALL ENTITY |            |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------|-------------------------------|-----------------------|------------------|----------------|------------------------|----------------------------|------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | 20            |                               |                       |                  | RATE           | FEE                    | )<br>                      | RATE       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | NUMBER FILED  |                               | NUMBI                 | ER EXTRA         | BASIC FEE      |                        | OR                         | BASIC FEE  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | 2 5 minus 20= |                               | * 5                   |                  | X\$ 9=         |                        | OR                         | X\$18=     | 90                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           | 2 minus 3 =   |                               | * 0                   |                  | X42=           |                        | OR                         | X84=       | 0                      |
| MU                                                                                                                                                                                                                                                                                                                                                                                                          | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RÉSENT        |                               |                       |                  | +140=          |                        | OR                         | +280=      | 0                      |
| * If                                                                                                                                                                                                                                                                                                                                                                                                        | the difference                                 | in column 1 is                            | less than ze  | ro, ente                      | r "0" in c            | olumn 2          | TOTAL          |                        | OR                         | TOTAL      | 840                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |               |                               |                       |                  |                |                        | ]                          | OTHER      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | (Column 1)                                | (Column       |                               | mn 2)                 | (Column 3)       | olumn 3) SMALL |                        | OR                         | SMALL      |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | IBER<br>OUSLY         | PRESENT<br>EXTRA | RATE           | ADDI-<br>TIONAL<br>FEE |                            | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus         | **                            |                       | =                | X\$ 9=         |                        | OR                         | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus         | ***                           |                       | =                | X42=           |                        | OR                         | X84=       |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |               |                               |                       |                  | +140=          |                        | OR                         | +280=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |               |                               |                       |                  | TOTAL          |                        |                            | TOTAL      | ,                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             | (Column 1) (Column 2) (Column 3)               |                                           |               |                               |                       |                  |                |                        | OR                         | ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | (Column 1)<br>CLAIMS                      |               | HIGH                          | HEST                  | (Column 3)       | <u> </u>       | ADDI-                  | 1                          |            | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | REMAINING<br>AFTER<br>AMENDMENT           |               | PREVI                         | IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA | RATE           | TIONAL<br>FEE          |                            | RATE       | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus         | **                            |                       | =                | X\$ 9=         |                        | OR                         | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus         | ***                           |                       | =                | X42=           |                        | OR                         | X84=       |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |               |                               |                       |                  | +140=          |                        | 1                          | +280=      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |               |                               |                       |                  | TOTAL          |                        | OR                         | TOTAL      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           | ADDIT. FEE    | L                             | OR                    | ADDIT. FEE       |                |                        |                            |            |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                           | !                                              | (Column 1)<br>CLAIMS                      |               |                               | mn 2)<br>HEST         | (Column 3)       |                |                        | •                          |            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | REMAINING<br>AFTER<br>AMENDMENT           |               | NUM<br>PREVI                  | MBER<br>HOUSLY<br>FOR | PRESENT<br>EXTRA | RATE .         | ADDI-<br>TIONAL<br>FEE |                            | RATE       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus         | **                            |                       | =                | X\$ 9=         |                        | OR                         | X\$18=     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus         | ***                           |                       | =                | X42=           |                        | OR                         | X84=       |                        |
| L                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |               |                               |                       |                  | <u> </u>       |                        |                            | <b></b>    |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                       |                                                |                                           |               |                               |                       |                  | +140=          |                        | OR                         | +280=      |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |               |                               |                       |                  |                |                        |                            |            |                        |